

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: <u>02-42</u> 2. STATE: New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT XX

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Section 447.204	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002-2003</u> <u>\$1.129 million</u> b. FFY <u>2003-2004</u> <u>\$1.3555 million</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Attachment 4.19-B, Page 2(c)(vii) and Page 2(c)(viii)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 2(c)(vii)

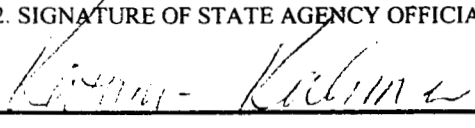
10. SUBJECT OF AMENDMENT: **Non-Institutional Services, Rates of Payment for Limited Primary Care, Drug Free, and Methadone Maintenance Treatment**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **xxx**

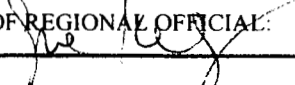
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health, Corning Tower, Empire State Plaza, Albany NY 12237
13. TYPED NAME: Kathryn Kuhmerker	
14. TITLE: Deputy Commissioner, Office of Medicaid Management	
15. DATE SUBMITTED: October 8, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: FEB 27 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 01 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Sue Kelly

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

As per stated in letter from State dated 01/09/03; The following pages have been revised and resubmitted for inclusion into the approvable SPA.

The page is Attachment 4.19B page 2(c)(vii) and page 2(c)(viii).

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0938-0193. The time required to complete this information collection is 10 hours (or minutes) per response, including the time to review instructions, search existing data resources, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FORM HCFA-179 (07-92) *Instructions on Back*

New York
2(c)(viii)

OFFICIAL

Attachment 4.19-B
(06/02)

The commissioner shall increase medical assistance rates of payment by three percent for services provided on and after December first, two thousand two by freestanding methadone maintenance service and program providers; subject to provisions of the following paragraph. Freestanding methadone maintenance services and program providers which are eligible for rate adjustments pursuant to this paragraph and which are also eligible for rate adjustments pursuant to the first paragraph of this section of the plan shall, on or before July first, two thousand two, submit, amendments to their 1999 AHCF-1 cost report segregating wages and fringe benefit costs associated with methadone maintenance services, for the purpose of excluding such wages and fringe benefits from awards determined on and after January 1, 2003, pursuant to the first paragraph of this section of the plan titled Workforce Recruitment And Retention.

Freestanding methadone maintenance service and program providers which have their rates adjusted in accordance with the above shall use such funds solely for the purpose of recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility and are prohibited from using such funds for any other purpose. The Commissioner is authorized to audit each freestanding methadone maintenance services and program provider to ensure compliance with this purpose and shall recoup any funds determined to have been used for purposes other than recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility.

TN **02-42** Approval Date FEB 27 2003
Supersedes TN **New** Effective Date DEC 01 2002

Workforce Recruitment And Retention

Effective for dates of service beginning on April 1, 2002 and ending on December 31, 2004, medical assistance rates of payment shall be adjusted for comprehensive freestanding diagnostic and treatment centers that qualify for distributions under the state's comprehensive diagnostic and treatment centers indigent care program or indicate on the cost reports submitted to the state that they receive funding under section three hundred thirty-three of the Federal Public Health Services Act for health care for the homeless, freestanding clinics that provide services to clients with developmental disabilities as their principal mission, licensed facilities authorized to provide dental services and sponsored by a university or dental school, licensed freestanding family planning clinics, and freestanding diagnostic and treatment centers operating an approved program under the prenatal care assistance program to include costs associated with the recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility. For the period April 1, 2002 through December 31, 2002, the aggregate amount of thirteen million dollars will be available for this purpose. The aggregate amount of thirteen million dollars will also be available each year for the periods January 1 through December 31, 2003 and January 1 through December 31, 2004. Payments will be made as adjustments to the rates of payment allocated proportionately based upon each diagnostic and treatment center's total annual gross salary and fringe benefit costs as reported in their 1999 cost report submitted to the Department of Health prior to November 21, 2001. Rate adjustments made through this methodology shall not be subject to subsequent adjustment or reconciliation.

The Commissioner of Health shall increase medical assistance rates of payment for eligible diagnostic and treatment centers by three percent for services provided on and after December first, two thousand two for purposes of improving recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility. Eligible diagnostic and treatment center shall mean a voluntary, not-for-profit diagnostic and treatment center that received medical assistance rates of payment reflecting assignment to (1) limited primary care or (2) drug free peer groups and that provides primary health care services to a patient population primarily comprised of substance abuse patients and that is ineligible for an adjustment to medical assistance rates of payment under the first paragraph of this section of the plan.

Diagnostic and treatment centers which have their rates adjusted for this purpose shall use such funds solely for the purposes of recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility and are prohibited from using such funds for any other purpose. The commissioner is authorized to audit each such diagnostic and treatment center to ensure compliance with this purpose and shall recoup any funds determined to have been used for purposes other than recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility.

TN **02-42**

Approval Date FEB 27 2002

Supersedes TN **02-20** Effective Date DEC 01 2002